

## UTILITY DECLARATION AND POWER OF ATTORNEY Utility Application

a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor, along with the inventors listed below and Michael Votruba, of the subject matter which is claimed and for which a patent is sought on the invention entitled VIBRATION ASSISTED NEEDLE INSERTION AND BIOPSY DEVICE the specification of which

(Check One)	$\boxtimes$	is attached hereto and
	$\boxtimes$	was filed on 3/6/2001 as United States Application Serial No. 09/799,926 o
•		PCT International Application No and was amended on (i
		applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes No	

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date	
60/187,261	March 6, 2000	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
			,

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



PATENT TRADEMARK OFFICE

LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Angeles, CA 90071 (213) 489-1600

Disease diseast all issued in a December N. Otto (Odd 404 404 4005)

Please direct all inquiries to Brandon N. Sklar (914-421-4635), at the above Customer Number.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Jevan	MIDDLE Initial	LAST Name Damadian	
	RESIDENCE & CITIZENSHIP	City East Northport	State or Foreign Country New York	Country of Citizenship USA	
	POST OFFICE ADDRESS	33 Beacon Lane	City East Northport	State or Country New York	Zip Code 11731
IN\	/ENTOR'S SIGNATU	RE Jun Xa	al	DATE	
					<del> </del>
202	FULL NAME OF INVENTOR	FIRST Name Jan	MIDDLE Initial	LAST Name Votruba	
	RESIDENCE & CITIZENSHIP	City Brookhaven	State or Foreign Country New York	Country of Citizenship USA	
	POST OFFICE ADDRESS	24 Hastings Drive	City Brookhaven	State or Country New York	Zip Code 11961
INV	ENTOR'S SIGNATUR	RE Jone	Votuba	DATE 6/7/0	· · · · · · · · · · · · · · · · · · ·
					······································
203	FULL NAME OF INVENTOR	FIRST Name Mark	MIDDLE Initial	LAST Name Gelbien	·
	RESIDENCE & CITIZENSHIP	City Levittown	State or Foreign Country New York	Country of Citizenship USA	
	POST OFFICE ADDRESS	24 Gun Lane	City Levittown	State or Country New York	Zip Code 11756
INV	ENTOR'S SIGNATUR	RE Mark.	Sell	DATE 6/7/0/	,